

Name: Alaris Langston
5713 Nottingham
Detroit, MI 48224

Date: 03/27/15

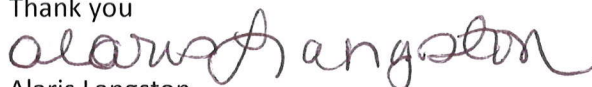
Employer: City of Detroit
Water and Sewerage Department

Chapter 9
Case Number 13-53846

Please add my name to the Bankruptcy Schedule Liquidation amounts.

Attached is a copy of the original signed paperwork and proof of claim.
(Claim number 2619)

Thank you


Alaris Langston

FILED

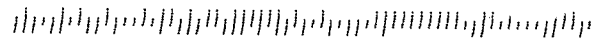
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U.S. BANKRUPTCY COURT
E.D. MICHIGAN - DETROIT

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PROOF OF CLAIM CONFIRMATION

For more information, please visit <http://www.kccllc.net/Detroit> or call 1(877) 298-6236



UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Name and address where notices should be sent: ALARIS LANGSTON 5713 NOTTINGHAM DETROIT, MICHIGAN 48224		COURT USE ONLY
Telephone number: (313) 343 0326 email: LANGSTON@DWSD.ORG		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>16,164.97</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>10% PAY CUT, LONGEVITY, SWING HOLIDAY, ELECTION DAY, LUNCH HOUR, ANNUITY FREEZE, RESERVED SICK DAYS, FURLOUGH</u>		
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: _____		
Title: _____		
Company: _____		
Address and telephone number (if different from notice address above):		(Signature) <u>Alaris Langston</u> (Date) <u>02/20/14</u>
Telephone number: email:		

Name: Alaris Langston
5713 Nottingham
Detroit, MI 48224
Title: Senior Accountant
Employer: City of Detroit
Water and Sewerage Department

Non negotiated reductions in wages and Election Day Holiday taken away. Also elimination of Longevity payout, Reserved Sick Bank, Furlough Days, and swing holidays vacation days added.

Forced 10% reduction in pay for 720 hours (2.29 pay cut per hour)	\$1,648.80
Elimination of Longevity 2 years @ \$300.00 per year	\$600.00
Swing Holiday hours taken 24 hours @ \$22.98 per hour	\$551.52
Election Day worked 8 hours @ 22.98 per hour	\$183.84
Elimination of 1 hour lunch 245 hours @ 22.98 per hour	\$5,630.10
Annuity Freeze (Accumulated Interest)	\$3,506.23
Reserved Sick Bank (40 hours)	\$919.20
Furlough Days (17 Days)	<u>\$3,125.28</u>
Total	\$16,164.97